



New England Hemophilia Association
347 Washington Street #401
Dedham, MA 02026

**John W. Cavanaugh
Adult Continuing Education Scholarship Application**

About John W. Cavanaugh

This New England Hemophilia Association new educational scholarship is named in memory of John W. Cavanaugh. John was born in 1926 in Massachusetts and grew up in a time when treatment for hemophilia was marginal, at best. Yet, he never let it stop him from striving to provide a better life for himself and his family. The best example of that is the inspiration for starting this scholarship in his honor. At age 30, John went back to school to get his college degree. That required eight years of night school. During those eight years, he held a full-time job, got married and had six children. Child number seven arrived the year after his graduation from Northeastern University with a degree in mechanical engineering. This scholarship is brought to the NEHA community by Jane Cavanaugh Smith to help honor her dad's legacy and to assist adults in the NEHA community who wish to return to school.

Criteria of the Scholarship.

This scholarship is for adults looking to continue to their education via college, trade school, or continuing education classes. The applicant must be a member of the New England Hemophilia Association, and must be an adult diagnosed with a bleeding disorder, a parent/caregiver of someone with a bleeding disorder, or the spouse of someone with a bleeding disorder.

If the space provided for answers below is inadequate, please continue the information on additional sheets of paper attached to the application. Applications must be postmarked by **date TBD**. Please contact NEHA at (781) 326-7645 or info@newenglandhemophilia.org with any questions about the scholarship or application process.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Section 1: Personal Information

Full Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Email: _____

Please check one:

- I am diagnosed with a bleeding disorder
- I am the parent or caregiver to someone with a bleeding disorder
- I am the spouse of someone with a bleeding disorder.

Section 2: Work Information

Please describe your work experience during the past three years and dates of employment.

Company	Position	Start Date	End Date

Section 3: College or Trade School Information

Do you plan to attend a:

- 4-year college or university
- 2-year community college
- Other (please specify): _____



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REFERENCE FORM

Note to the applicant: This application should be completed by an employer or administrator who recommends you for this scholarship.

Name of applicant: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

What are the applicant's greatest strengths? _____

What characteristics of the applicant might present the greatest difficulties to them as they continue their education? _____

Other observations or remarks about the applicant: _____

Name of reference: _____

Work or company address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I recommend (applicant name) _____ for this scholarship:
 enthusiastically with reservation I do not recommend

Signature: _____ Date: _____

Please submit recommendation to:
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